

Sucking Chest Wounds



3D Marines

Sucking Chest Wounds

- Chest injuries may be caused by accidents, bullet or missile wounds, stab wounds, or falls. These injuries can be serious and may cause death quickly if proper treatment is not given. A casualty with a chest injury may complain of pain in the chest or shoulder area; he may have difficulty with his breathing. His chest may not rise normally when he breathes. This particular type of wound is dangerous and will collapse the injured lung. Breathing becomes difficult for the casualty because the wound is open. The soldier's life may depend upon how quickly you make the wound airtight.



Chest Wound(s)

Treatment

1. *Evaluate the Casualty:* Be prepared to perform lifesaving measures. The basic lifesaving measures may include clearing the airway, rescue breathing, treatment for shock, and/or bleeding control.
2. *Expose the Wound.* If appropriate, cut or remove the casualty's clothing to expose the entire area of the wound. Remember, DO NOT remove clothing that is stuck to the wound because additional injury may result. DO NOT attempt to clean the wound.



Chest Wound(s)

Treatment(cont.)

- Examine the casualty to see if there is an entry and/or exit wound. If there are two perform the same procedure for both wounds. Treat the more serious (heavier bleeding, larger) wound first. It may be necessary to improvise a dressing for the second wound by using strips of cloth, such as a torn T-shirt, or whatever material is available. Also, listen for sucking sounds to determine if the chest wall is punctured.
 - **CAUTION**
- If there is an object extending from (impaled in) the wound, DO NOT remove the object. Apply a dressing around the object and use additional improvised bulky materials/dressings (use the cleanest materials available) to build up the area around the object. Apply a supporting bandage over the bulky materials to hold them in place.
 - **CAUTION (081-831-1026)**
- DO NOT REMOVE protective clothing in a chemical environment. Apply dressings *over* the protective clothing.



Chest Wound(s)

Treatment(cont.)

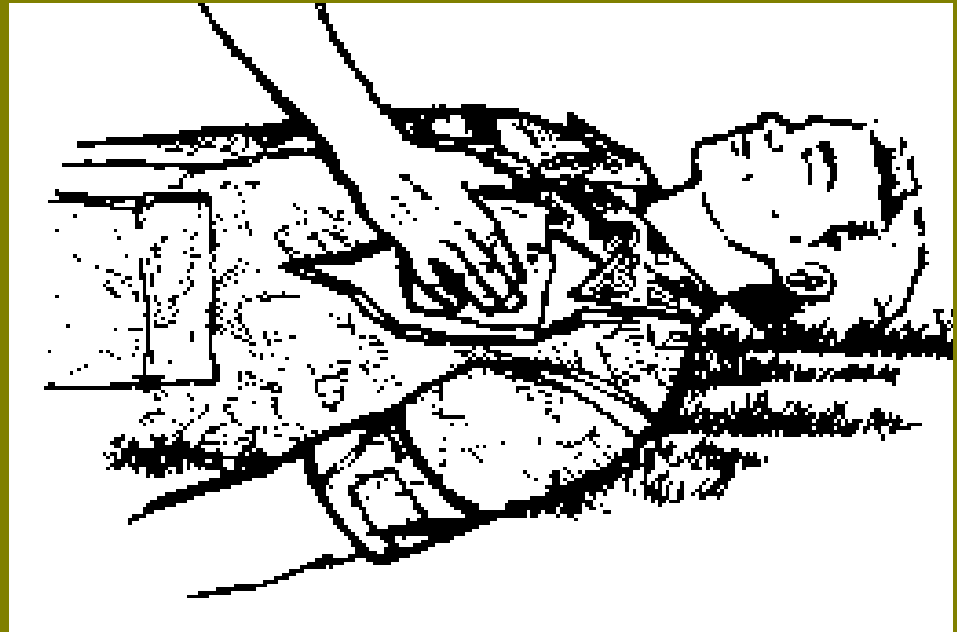
3. *Open the Casualty's Field Dressing Plastic Wrapper.*
The plastic wrapper is used with the field dressing to create an airtight seal. If a plastic wrapper is not available, or if an additional wound needs to be treated; cellophane, foil, the casualty's poncho, or similar material may be used. The covering should be wide enough to extend 2 inches or more beyond the edges of the wound in all directions.
 - a. Tear open one end of the casualty's plastic wrapper covering the field dressing. Be careful not to destroy the wrapper and DO NOT touch the inside of the wrapper.
 - b. Remove the inner packet (field dressing).
 - c. Complete tearing open the empty plastic wrapper using as much of the wrapper as possible to create a flat surface.



Chest Wound(s) Treatment(cont.)

4. *Place the Wrapper Over the Wound*

- Place the inside surface of the plastic wrapper directly over the wound *when the casualty exhales* and hold it in place. The casualty may hold the plastic wrapper in place if he is able. Tape down **ONLY THREE** sides of the plastic to the victim's chest.



Chest Wound(s) Treatment(cont.)

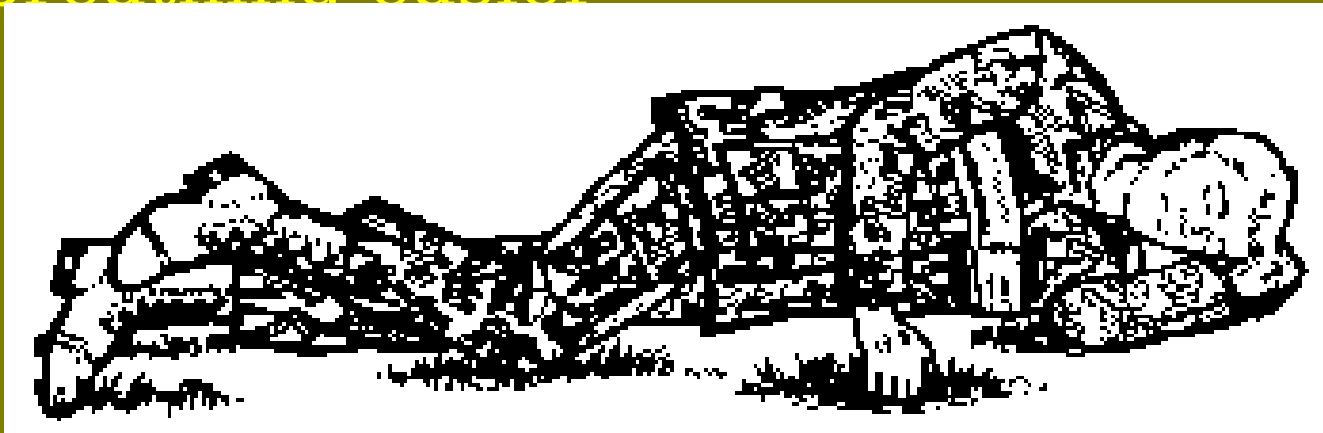
NOTE

- When practical, apply direct manual pressure over the dressing for 5 to 10 minutes to help control the bleeding.



Chest Wound(s) Treatment(cont.)

5. *Position the Casualty:* Position the casualty on his injured side or in a sitting position, whichever makes breathing easier



WARNING

If the dressing is airtight, air will enter the chest cavity without having means to escape. This causes a life-threatening condition called tension pneumothorax. If the casualty's condition (for example, difficulty breathing, shortness of breath, restlessness, or grayness of skin in a dark-skinned individual [or blueness in an individual with light skin]) worsens after placing the dressing, quickly lift or remove, then replace the dressing (making sure it is only secured on 3 of the 4 sides).



Are there any questions?

